

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048550

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Regist. District No. **1003**

Primary Registration District No.

Regist. No. **11966**VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3148 LONGFELLOW | | d. STREET ADDRESS (If outside, give location) 3148 LONGFELLOW | |
| 3. NAME OF DECEASED (Type or print) First JOHN Middle MCDERMOTT Last | | 4. DATE OF DEATH Month DEC. Day 11 Year 1962 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10-2-09 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEER BOTTLER | | 11. BIRTHPLACE (City and state or country) Mo. | |
| 13a. FATHER'S NAME MICHAEL MCDERMOTT | | 13b. MOTHER'S MAIDEN NAME BRIDGET GILLON | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 2 | | 17. INFORMANT Address LORETTA MCDERMOTT 3148 LONGFELLOW | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Coronary Disease | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 1958 to Dec 1962 and last saw her alive on 12-8-62 Death occurred at 10 30 m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) John J. Smith M.D. | |
| 22b. ADDRESS 5203 Chippin St. St. Louis, Mo. | | 22c. DATE SIGNED 12-13-62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| BURIAL | 12-14-62 | CALVARY CEM. | ST. LOUIS, MO. |
| 24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravoie | | 25. DATE RECD. BY LOCAL REG. DEC 14 1962 | |
| 26. REGISTRAR'S SIGNATURE Roan Smith M.D. | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

PRINTED DEC 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Eleanthovince

Licensed Embalmer No. _____

3403

P. O. Address _____

2906 Graven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Dr. Savelley 5203 Corpse 1-5
PX 2-0632*